

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705006

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HOSPITAL ASSOCIATION RESEARCH AND EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

315 PARK LAKE CIRCLE  
ORLANDO, FL 328531107 US

**New Principal Place of Business:**

**Current Mailing Address:**

307 PARK LAKE CIRCLE  
ORLANDO, FL 328531107 US

**New Mailing Address:**

**FEI Number:** 59-6151162      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RUEBEN, BRUCE J PRES.  
306 EAST COLLEGE AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: HOUMANN, LARS  
Address: 2400 BEDFORD ROAD  
City-St-Zip: ORLANDO, FL 32803 US

Title: VD  
Name: GREENE, HUGH  
Address: 800 PRUDENTIAL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PS  
Name: RUEBEN, BRUCE J  
Address: 306 EAST COLLEGE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD  
Name: SONENREICH, STEVEN  
Address: 4300 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: D  
Name: SITARIK, SHERRIE  
Address: 1414 KUHL AVENUE  
City-St-Zip: ORLANDO, FL 32806 US

Title: D  
Name: PURVES, STEVE  
Address: 1500 SW 15TH STREET  
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE J. RUEBEN

PS

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date